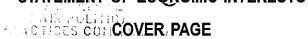
CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS





Please type or print in ink.	2011 MAR 21	AM 9: 48	MAR 0 7 2011
	AST)	(FIRST)	CANTA BARBARA GÓUN
Carbajal	,	Salud	ELECTIONS
1. Office, Agency, or Court		:	
Agency Name		<u> </u>	
County of Santa Barbara		·	•
Division, Board, Department, District, if ap	plicable	Your Position	
Board of Supervisors		First District Supe	rvisor
▶ If filing for multiple positions, list below	or on an attachment.	4	
Agency:		Position:	
2. Jurisdiction of Office (Check at	least one box)		
☐ State		☐ Judge (Statewide Jurise	-
Multi-County		County of Santa Ba	rbara
City of		Other	
3. Type of Statement (Check at leas	st one box)		
Annual: The period covered is Janua 2010.	•	ember 31, Leaving Office: Date (Check one)	Left
The period covered is/	/, through Decer	mber 31, O The period covered leaving office.	d is January 1, 2010, through the date of
Assuming Office: Date/		 The period covered of leaving office. 	d is, through the date
Candidate: Election Year	Office soug	ght, if different than Part 1:	
1. Schedule Summary			
Check applicable schedules or "None."		► Total number of pages includir	ng this cover page:2
Schedule A-1 - Investments - schedu	le attached	Schedule C - Income, Loans	s, & Business Positions – schedule attached
Schedule A-2 - Investments - schedu	le attached	Schedule D - Income - Gifts	s - schedule attached
Schedule B - Real Property - schedu	le attached	☐ Schedule E - Income - Gifts	s – Travel Payments – schedule attached
	-or- None - No reportab	ble interests on any schedule	
herein and in any attached schedules is tru	ue and complete. I ackno	owledge this is a	
I certify under penalty of perjury under	•	•	
2/2/11	January III wind of	THE TIME WHE	

Signature

SCHEDULE C Income, Loans, & Business **Positions** (Other than Gifts and Travel Payments)

CALIFORNIA FORM FAIR POLITICAL PRACTICES CO	
Name	

	► 1. INCOME RECEIVED	
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME	
Santa Barbara Neighborhood Clinics		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)	
1900 State Street, Suite G, Santa Barbara, 93101	i	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE	
Health Care Non-profit Agency	<u> </u>	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION	
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED	
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000	\$1,001 - \$10,000	
X \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000	
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED	
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income	
Loan repayment Partnership	Loan repayment Partnership	
Salo of	Sale of	
Sale of(Property, car, boat, etc.)	(Property, car, boat, etc.)	
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more	
Other(Describe)	Other(Describe)	
(2000)365)	(Docombo)	
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER		
* You are not required to report loans from commercial of a retail installment or credit card transaction, made	lending institutions, or any indebtedness created as part in the lender's regular course of business on terms your official status. Personal loans and loans received	
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